## 40900019318

	(Requestor's Name)	
,	(Address)	
	(Address)	
	,	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL.
· · · · · · · · · · · · · · · · · · ·	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
		<u></u>

Special Instructions to Filing Officer:

A. LUNT

FEB 2 & 2009

EXAMINER

Office Use Only



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TALLAHASSEE, FINGER

02/25/09--01017--009 \*\*125.00

## **COVER LETTER**

_	ion of Cor	porations								
SUBJECT:	Hom	e Accessories 4 L	J, LLC							
		(Name of Limit	ted Liabilit	y Compa	any)			<del></del>		
The enclosed A	Articles of	Organization and fee(s) are	submitted	for filing	g.					
Please return a	ll correspo	ondence concerning this mat	tter to the fe	ollowing	;;					
	Susa	n Wulf								
			(Name of P	'erson)		•			<del></del>	
	Hom	e Accessories 4 L	J, LLC					į ,	~3	
	•		(Firm/Com	ipany)			-	-E		e= 1
	4065	NW Deer Oak Dri	ive				Ank	2일 2일	109 FEB 215	ا دميو مدور
			(Addre	ss)			c r	2 2 2		9 P**
	Jens	en Beach, FL 34	957					27.5 E-3	2 분	
<del></del>		(Ci	ty/State and	Zip Code	:)			22 E	2 <del>:</del> 36	
For further info	ormation c	oncerning this matter, pleas	e call:					Tope .		
	Susa	n Wulf	at ( 77	'2	288-2	640				
	(Name o	of Person)	(/	Area Cod	288-2 e & Daytime	Telephone	: Number)			
Enclosed is a	check for	the following amount:								
\$125.00 Filin	ng Fee [	\$130.00 Filing Fee & Certificate of Status		fied Cop		Cer	0.00 Filing tificate of tified Cop litional copy	Status by		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	F I C 2	Registrati Division Clifton B 2661 Exe	ourier Add on Section of Corpora uilding ecutive Cen see, FL 323	tions				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Home Accessorie	s 4 U, LLC
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Home Accessories 4 U, LLC	Home Accessories 4 U, LLC
4065 NW Deer Oak Drive	4065 NW Deer Oak Drive
Jensen Beach, FL 34957	Jensen Beach, FL 34957
ARTICLE III - Registered Agent, Registerer (The Limited Liability Company cannot serve as its own Registeres business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an individual or another
Susan Wulf	<del></del>
Name	2009
4065 NW Deer Oak	Drive ALLAHASSE 25 dress (P.O. Box NOT acceptable)
Florida street ad	Drive HARD BY STANDERS (P.O. Box NOT acceptable)
Jensen Beach, FL 3	34957 mg
City, State.	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"MGR" = Manage "MGRM" = Manag	
Willian Willian	sing Member
MGRM	Susan Wulf
	4065 NW Deer Oak Drive
	Jensen Beach, FL 34957
MGRM	Arlene Fłori
	4066 NW Deer Oak Drive
	Jensen Beach, FL 34957
	7
<del>-</del>	
	Or;
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LE V: Effective da fective date is liste	te, if other than the date of filing: (OPTIO d, the date must be specific and cannot be more than five business e of filing.)  NATURE:
LE V: Effective da fective da fective date is liste days after the date REQUIRED SIG	te, if other than the date of filing: (OPTIO d, the date must be specific and cannot be more than five business (e of filing.)
LE V: Effective da fective date is liste days after the date REQUIRED SIGE	te, if other than the date of filing: (OPTIO d, the date must be specific and cannot be more than five business (e of filing.)  NATURE:
LE V: Effective da Sective date is liste days after the date REQUIRED SIGE	te, if other than the date of filing: (OPTIO d, the date must be specific and cannot be more than five business of filing.)  NATURE:  ignature of a member or an authorized representative of a member.  In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury
LE V: Effective da fective date is liste days after the date REQUIRED SIGE	te, if other than the date of filing: (OPTIO d, the date must be specific and cannot be more than five business of of filing.)  NATURE:  ignature of a member or an authorized representative of a member.  In accordance with section 608.408(3), Florida Statutes, the execution

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)